



**Department of Public Health
Bureau of Substance Abuse Services, LADC Unit**

Department of Public Health
Bureau of Substance Abuse Services/LADC Unit
Attn: Program Coordinator
Donovan Health Bldg
5 Randolph Street, 2nd floor
Canton, MA 02021-2353

COMPLAINANT:

*Name: _____
Last Name First Name M.I.

Address: _____
Number Street Daytime Phone

City State Zip Code Evening Phone

Best way to reach you: Evening Phone Daytime Phone E-Mail: _____

*If filing for an organization, a person shall be named as the representative for the organization.

Organization Name: _____

SUBJECT (use separate form for each licensed individual):

Name: _____
Last Name First Name M.I.

Address: _____
(Not required) Number Street

City State Zip Code

Where did this alleged incident take place?

If known, please check the level of licensure held by licensed individual:

Licensed Alcohol and Drug Counselor I (LADC I) ____

Licensed Alcohol and Drug Counselor (LADC II) ____

Licensed Alcohol and Drug Counselor Assistant (LADCA) ____

Briefly describe the incidents that led to your complaint and note the times and dates that events occurred. List the names of all individuals involved. Please attach additional pages if needed.

(Please use a separate sheet if necessary. Please do not write in the margins.)

To speed up processing your complaint, please submit legible copies (not the originals) of all relative documents supporting your complaint (i.e. contracts, medical records, cancelled checks, etc.). You will receive an acknowledge letter indicating we have received your complaint.

- (1) receive copies of all substance abuse, medical and mental health records relating to my complaint, and
- (2) to refer my complaint to other appropriate law enforcement authorities to investigate and/or prosecute my complaint if necessary.

Date _____

If you need assistance completing this form or have questions about the complaint process please contact:

781-828-8648
781-828-8046
781-828-7910
781-828-7961

Acknowledgement letter sent (Date): ____/____/____ **Signature:**_____